

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001815 (9)

1. Corporation Name
THE STRATFORD "H" CONDOMINIUM ASSOCIATION AT CENTURY VILLAGE, INC.



Principal Place of Business: **3700 GEORGIA AVE. W PALM BEACH FL 33405**
Mailing Address: **3700 GEORGIA AVE. W PALM BEACH FL 33405**

3. Date Incorporated or Qualified: **04/11/1994**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)
2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

4. FEI Number: **59-1550730**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**MCCLOSKEY, WILLIAM
3700 GEORGIA AVE.
W PALM BEACH FL 33405**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent's signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	PRINCE, ESTHER	1.2 NAME	HAROLD ROBBINS
STREET ADDRESS	109A STRATFORD "H"	1.3 STREET ADDRESS	109 STRATFORD H
CITY-ST-ZIP	W PALM BEACH FL 33417	1.4 CITY-ST-ZIP	W.P. BEACH FL 33417
TITLE	SD	2.1 TITLE	SD ROSE CALDERON
NAME	ROBBINS, HAROLD	2.2 NAME	
STREET ADDRESS	109 STRATFORD "H"	2.3 STREET ADDRESS	101 STRATFORD H
CITY-ST-ZIP	W PALM BEACH FL 33417	2.4 CITY-ST-ZIP	W.PALM BEACH, FL 33417
TITLE	VD	3.1 TITLE	
NAME	SCOCO, ALEXANDER	3.2 NAME	
STREET ADDRESS	107 STRATFORD "H"	3.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL 33417	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	T ROBERT SAPOLSKY
NAME	ROBBINS, HAROL	4.2 NAME	
STREET ADDRESS	104 STRATFORD H	4.3 STREET ADDRESS	109A STRATFORD H
CITY-ST-ZIP	W PALM BEACH FL 33417	4.4 CITY-ST-ZIP	W.PALM BEACH, FL 33417
TITLE	D	5.1 TITLE	
NAME	RAY, ESTELL	5.2 NAME	
STREET ADDRESS	102A STRATFORD H"	5.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL 33417	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE	PD	Change	<input checked="" type="checkbox"/>	Addition	<input type="checkbox"/>
1.2 NAME	HAROLD ROBBINS				
1.3 STREET ADDRESS	109 STRATFORD H				
1.4 CITY-ST-ZIP	W.P. BEACH FL 33417				
2.1 TITLE	SD ROSE CALDERON	Change	<input checked="" type="checkbox"/>	Addition	<input type="checkbox"/>
2.2 NAME					
2.3 STREET ADDRESS	101 STRATFORD H				
2.4 CITY-ST-ZIP	W.PALM BEACH, FL 33417				
3.1 TITLE		Change	<input type="checkbox"/>	Addition	<input type="checkbox"/>
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	T ROBERT SAPOLSKY	Change	<input checked="" type="checkbox"/>	Addition	<input type="checkbox"/>
4.2 NAME					
4.3 STREET ADDRESS	109A STRATFORD H				
4.4 CITY-ST-ZIP	W.PALM BEACH, FL 33417				
5.1 TITLE		Change	<input type="checkbox"/>	Addition	<input type="checkbox"/>
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		Change	<input type="checkbox"/>	Addition	<input type="checkbox"/>
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: Harold Robbins, Pres Date: 2/22/96 Daytime Phone: 471-4681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: HAROLD ROBBINS

CR2E037 (12/95)